

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: August 2, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: INCOLSA: Indiana Cooperative Library Services Authority

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Concordia Theological Seminary

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Fort Wayne

B. STATE: IN

C. ZIP CODE: 46825

D. COUNTY: Allen

E. CONGRESSIONAL DISTRICT: IN 4

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	2	17	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	2	17	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: August 3, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: INCOLSA: Indiana Cooperative Library Services Authority

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Valparaiso University

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Valparaiso

B. STATE: IN

C. ZIP CODE: 46383

D. COUNTY: Porter

E. CONGRESSIONAL DISTRICT: IN 1

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO
 MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		19	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	19	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: August 9, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: INCOLSA: Indiana Cooperative Library Services Authority

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Vincennes University

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Vincennes

B. STATE: IN

C. ZIP CODE: 47591

D. COUNTY: Knox

E. CONGRESSIONAL DISTRICT: IN 8

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		11	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	11	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: August 10, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: INCOLSA: Indiana Cooperative Library Services Authority

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: White River Branch Library

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Greenwood

B. STATE: IN

C. ZIP CODE: 46142

D. COUNTY: Johnson

E. CONGRESSIONAL DISTRICT: IN 6

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO
 MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	1	18	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	1	18	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: August 23, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Chicago State University

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Chicago

B. STATE: IL

C. ZIP CODE: 60628-1598

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT: IL 1

7. LENGTH OF ACTIVITY (HOURS): 1

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☐ YES ☒ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☒ YES ☐ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES	3		
DENTISTS			
ADMINISTRATORS (Hospital)	1		
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS	3		
LIBRARIANS	2		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	9	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Stephanie Weldon, 312.996.7634

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 5, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Northwest Indiana Health Science Library Consortium

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Indiana University Northwest Library

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Gary B. STATE: IN C. ZIP CODE: 46408

D. COUNTY: Lake E. CONGRESSIONAL DISTRICT: IN 1

7. LENGTH OF ACTIVITY (HOURS): 4 8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	8		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	8	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 12, 2001 AM

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: NORWELD

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Bowling Green

B.STATE: OH

C. ZIP CODE: 43402

D. COUNTY: Wood

E. CONGRESSIONAL DISTRICT: OH 9

7. LENGTH OF ACTIVITY (HOURS): 2.5

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO
 MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		8	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	8	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 21, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☒ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: NEOUCOM

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Rootstown

B. STATE: OH

C. ZIP CODE: 44272-0095

D. COUNTY: Portage

E. CONGRESSIONAL DISTRICT: OH 13

7. LENGTH OF ACTIVITY (HOURS): 2.5

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO
 MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY

AFFILIATED

UNAFFILIATED¹

UNKNOWN

PHYSICIANS

NURSES

DENTISTS

ADMINISTRATORS (Hospital)

PHARMACISTS

ALLIED HEALTH PROFESSIONALS

LIBRARIANS

18

CONSUMERS

OTHERS (Please specify)

UNIDENTIFIED HEALTH PROFESSIONS

TOTAL

18

0

0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Stephanie Weldon, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 21, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☒ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: MLANO

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Lake Hospital System

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Willoughby

B. STATE: OH

C. ZIP CODE: 44094

D. COUNTY: Lake

E. CONGRESSIONAL DISTRICT: OH 19

7. LENGTH OF ACTIVITY (HOURS): 2.5

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	22		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	22	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Stephanie Weldon, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 22, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☒ OTHER (PLEASE SPECIFY): Alternative and Complementary Medicine

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Dominican University

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: River Forest

B. STATE: IL

C. ZIP CODE: 60305

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT: IL 7

7. LENGTH OF ACTIVITY (HOURS): 1

8. HANDS ON PRACTICE: ☐ YES ☒ NO

9. CEU ☐ YES ☐ NO
 CME ☐ YES ☐ NO
☒ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		2	
CONSUMERS			
OTHERS (Please specify)			
Library School Students		4	
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	6	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Jean Sayre, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: September 27, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: North Dakota Library Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Williston

B. STATE: ND

C. ZIP CODE: 58801

D. COUNTY: Williams

E. CONGRESSIONAL DISTRICT: ND 1

7. LENGTH OF ACTIVITY (HOURS): 1.25

8. HANDS ON PRACTICE: ☐ YES ☒ NO

9. CEU ☐ YES ☒ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		27	1
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	27	1

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 3, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS
☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER
☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Indiana University / Purdue University Indiana

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED:

A. CITY: Merrillville

B. STATE: IN

C. ZIP CODE: 46410

D. COUNTY: Lake

E. CONGRESSIONAL DISTRICT: 1

7. LENGTH OF ACTIVITY (HOURS): 1.5

8. HANDS ON PRACTICE: ☐ YES ☒ NO

9. CEU ☐ YES ☒ NO
 CME ☐ YES ☒ NO
☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED:

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS			
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			28
TOTAL	0	0	28

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Charniel McDaniels, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 4, 2001

2. TYPE OF ACTIVITY: ☒ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS

☐ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER

☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: South Dakota Library Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION:

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Aberdeen

B.STATE: SD

C. ZIP CODE: 57401

D. COUNTY: Brown

E. CONGRESSIONAL DISTRICT: SD 1

7. LENGTH OF ACTIVITY (HOURS): 1.5

8. HANDS ON PRACTICE: ☐ YES ☒ NO

9. CEU ☐ YES ☒ NO

CME ☐ YES ☒ NO

☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO

MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS			25
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	0	25

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Stephanie Weldon, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 9, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS

☐ OTHER INTERNET SESSION ☒ TRAIN THE TRAINER

☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Midwest Chapter / Medical Library Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Milwaukee Public Library

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Milwaukee

B.STATE: WI

C. ZIP CODE: 53233-2358

D. COUNTY: Milwaukee

E. CONGRESSIONAL DISTRICT: WI 5

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO

CME ☐ YES ☒ NO

☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO

MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	18		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	18	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.992.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 10, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS

☐ OTHER INTERNET SESSION ☒ TRAIN THE TRAINER

☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Michigan Health Science Librarians Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION):

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Mt. Pleasant

B.STATE: MI

C. ZIP CODE: 48858

D. COUNTY: Isabella

E. CONGRESSIONAL DISTRICT: MI 4

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☐ YES ☒ NO

9. CEU ☒ YES ☐ NO

CME ☐ YES ☒ NO

☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO

MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	20		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	20	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Stephanie Weldon, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 17, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS

☒ OTHER INTERNET SESSION ☐ TRAIN THE TRAINER

☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Kentucky Library Association

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION: Owensboro Community College

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Owensboro

B.STATE: KY

C. ZIP CODE: 42303

D. COUNTY: Daviess

E. CONGRESSIONAL DISTRICT: KY 2

7. LENGTH OF ACTIVITY (HOURS): 4

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☒ YES ☐ NO

CME ☐ YES ☒ NO

☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF ☐ YES ☒ NO

MINORITIES PRESENT (>50%)

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS	7		
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	7	0	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Charniel McDaniels, 312.996.2464

OUTREACH REPORTING FORM (February, 2000)

(Reporting forms should be included with Quarterly Reports)

1. DATE OF ACTIVITY: October 26, 2001

2. TYPE OF ACTIVITY: ☐ NLM SYSTEM SESSION ☐ TECHNOLOGY AWARENESS

☐ OTHER INTERNET SESSION ☒ TRAIN THE TRAINER

☐ OTHER (PLEASE SPECIFY):

3. ASSOCIATION/INSTITUTION SPONSORING ACTIVITY: Chicago Library System

4. ASSOCIATION/INSTITUTION CONDUCTING ACTIVITY: NN/LM Greater Midwest Region

5. OTHER COLLABORATING (OR COOPERATING INSTITUTION:

6. LOCATION WHERE ACTIVITY OCCURRED

A. CITY: Chicago

B.STATE: IL

C. ZIP CODE: 60604

D. COUNTY: Cook

E. CONGRESSIONAL DISTRICT: IL 4

7. LENGTH OF ACTIVITY (HOURS): 2

8. HANDS ON PRACTICE: ☒ YES ☐ NO

9. CEU ☐ YES ☒ NO

CME ☐ YES ☒ NO

☐ NOT APPLICABLE

10. SIGNIFICANT NUMBER OF MINORITIES PRESENT (>50%) ☐ YES ☒ NO

11. NUMBER OF PERSONS WHO ATTENDED

CATEGORY	AFFILIATED	UNAFFILIATED ¹	UNKNOWN
PHYSICIANS			
NURSES			
DENTISTS			
ADMINISTRATORS (Hospital)			
PHARMACISTS			
ALLIED HEALTH PROFESSIONALS			
LIBRARIANS		3	
CONSUMERS			
OTHERS (Please specify)			
UNIDENTIFIED HEALTH PROFESSIONS			
TOTAL	0	3	0

¹ Unaffiliated is defined as lacking attending privileges at a hospital which has a medical library or not on the faculty (full-time, part-time adjunct or clinical) of a professional school.

12. NAME AND TELEPHONE NUMBER OF PERSON SUBMITTING FORM: Tammy Mays, 312.996.2464